

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**APPLICATION FOR AUTHORITY
TO DO BUSINESS**

Filing Fee \$250.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §712.3](#), the undersigned limited liability company executes and delivers the following Application for Authority to do Business:

FIRST: If the real limited liability company name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

_____.

☐ Form MLLC-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability company** authorized to transact business in this State because its real name is unavailable pursuant to §603-A.

SECOND: Date of organization _____ Jurisdiction of organization _____

Address of the registered or principal office, wherever located, is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The foreign limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is

_____.

FOURTH: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

The Secretary of State of Maine is an agent upon whom service of process may be served pursuant to [§722.3](#).

FIFTH: The name and business, residence or mailing address of each manager, if any, is

NAME

ADDRESS

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

☐ Names and addresses of additional managers are attached hereto as Exhibit ____, and made a part hereof.

SIXTH: The date on which the foreign limited liability company first did, or intends to do, business in the State of Maine is _____.

SEVENTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited liability company records in the state or country under whose law the foreign limited liability company is organized. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

DATED _____

AUTHORIZED SIGNATURE(S)*

| | |
|-------------|-----------------------------------|
| _____ | _____ |
| (signature) | (type or print name and capacity) |

For Authorized Signature(s) on behalf of Entities

Name of Entity _____

| | |
|------------------------|-----------------------------------|
| By _____ | _____ |
| (authorized signature) | (type or print name and capacity) |

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability company.

REGISTERED AGENT

DATED _____

| | |
|-------------|----------------------|
| _____ | _____ |
| (signature) | (type or print name) |

For Registered Agent which is a Corporation

Name of Corporation _____

| | |
|------------------------|-----------------------------------|
| By _____ | _____ |
| (authorized signature) | (type or print name and capacity) |

Note: If the **registered agent does not sign**, Form MLLC-18 ([§714.2-A](#)) must accompany this document.

The limited liability company name as used in the State of Maine must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC" (§603-A). If the addition of these words is the **only** difference from the limited liability company's real name in its jurisdiction of organization, no further action is required.

*Application **MUST** be signed by at least one **authorized person** ([§712.2](#)).

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**